

Image# 201906219150344821

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) TRUMP, DONALD, J., , / PENCE, MICHAEL, R., ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 725 FIFTH AVENUE		2. Candidate's FEC Identification Number P80001571
(c) City, State, and ZIP Code NEW YORK NY 10022		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Presidential	6. State & District of Candidate 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) DONALD J. TRUMP FOR PRESIDENT, INC.		
(b) Address (number and street) 725 FIFTH AVENUE		
(c) City, State, and ZIP Code NEW YORK NY 10022		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) TRUMP VICTORY		
(b) Address (number and street) C/O RED CURVE SOLUTIONS 138 CONANT STREET, 2ND FLOOR		
(c) City, State, and ZIP Code BEVERLY MA 01915		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate DONALD J. TRUMP /, MICHAEL R. PENCE, , , <i>[Electronically Filed]</i>	Date 06/21/2019
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE

(b) Address (number and street)

C/O RED CURVE SOLUTIONS
138 CONANT STREET, 2ND FLOOR

(c) City, State, and ZIP Code

BEVERLY MA 01915

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code